



Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 8157

SERIAL NUMBER 09/450,768	FILING DATE 11/30/1999 RULE	CLASS 370	GROUP ART UNIT 2697	ATTORNEY DOCKET NO. MA-385-US	
APPLICANTS OSAMU KUBONIWA, TOKYO, JAPAN; ** CONTINUING DATA ***** <i>No cm3</i> ** FOREIGN APPLICATIONS ***** JAPAN 340854/1998 11/30/1998 <i>Yes cm3</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/21/2000					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>cm3</i>		STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
ADDRESS 21254					
TITLE Transferring voice over an asymmetric digital subscriber line					
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/450,768	FILING DATE 11/30/99	CLASS 379	GROUP ART UNIT 2742	ATTORNEY DOCKET NO. MA-385-US
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APPLICANT

OSAMU KUBONIWA, TOKYO, JAPAN.

CONTINUING DOMESTIC DATA***

VERIFIED

None CMS

371 (NAT'L STAGE) DATA***

VERIFIED

None CMS

FOREIGN APPLICATIONS***

VERIFIED

JAPAN

340854/1998

11/30/98

Yes CMS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/21/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Initials <u>CMS</u> Initials _____				

ADDRESS

MCGINN & GIBB PC
1701 CLARENDON BOULEVARD STE 100
ARLINGTON VA 22209

TITLE

ADSL SYSTEM

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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